

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: ABSORBENT ARTICLE COMPRISING AN
ABSORBENT STRUCTURE

Attorney Docket Number:: 018798-222

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 4

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Ted

Middle Name::

Family Name:: GUIDOTTI

Name Suffix::

City of Residence:: Göteborg

State or Province of Residence::

Country of Residence:: Sweden

Street of Mailing Address:: Anneholmsgatan 10

City of Mailing Address:: Göteborg

State or Province of Mailing Address::

Country of Mailing Address:: Sweden
Postal or Zip Code of Mailing Address:: SE-412 67
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Sweden
Status:: Full Capacity
Given Name:: Gunnar
Middle Name::
Family Name:: EDWARDSSON
Name Suffix::
City of Residence:: Bohus Björkö
State or Province of Residence::
Country of Residence:: Sweden
Street of Mailing Address:: Klarviksvägen 12
City of Mailing Address:: Bohus Björkö
State or Province of Mailing Address::
Country of Mailing Address:: Sweden
Postal or Zip Code of Mailing Address:: SE-430 94
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Sweden
Status:: Full Capacity
Given Name:: Malin
Middle Name::

Family Name:: ELIASSON
Name Suffix::
City of Residence:: Mölndal
State or Province of Residence::
Country of Residence:: Sweden
Street of Mailing Address:: Vetekornsgatan 6
City of Mailing Address:: Mölndal
State or Province of Mailing Address::
Country of Mailing Address:: Sweden
Postal or Zip Code of Mailing Address:: SE-431 46

Correspondence Information

Correspondence Customer Number:: 21839
Phone Number:: (703) 836-6620
Fax Number:: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This Application An application claiming 60/457,316 03/26/03
the benefit under 35
USC 119(e)

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Assignee Information

Assignee Name:: SCA HYGIENE PRODUCTS AB

Street of Mailing Address::

City of Mailing Address:: Göteborg

State or Province of Mailing Address::

Country of Mailing Address:: Sweden

Postal or Zip Code of Mailing
Address:: SE-405 03